

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 12/03/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 12/05/2006						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	1715	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		8505	778	CLAIM DENIED DUE TO INSUFFICIE	0	2597	3335	738
				NT BUDGET				
		8800	102	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	8534	76	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		3413	63	PROVIDER TYPE AND SPECIALTY 07	0	242	4761	4519
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		191	42	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	11	291	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	273	DETAIL NOT COVERED BY COMBINAT	60	701	5060	4359
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8933	36	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	8621	30	60 RESIDENTIAL LEVEL III TREAT				
	ENTAL HEALT			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8935	9	ASTNC INELIGIBLE TO RECEIVE SE	9	48	813	765
				RVICES IN IPRS.				
		79	6	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404913	MECKLENBURG COM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404916	CROSSROADS BEHA	3411	90	PROVIDER TYPE AND SPECIALTY 07				
	VIORAL HEAL			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		79	63	THIS SERVICE IS NOT PAYABLE TO	0	167	6473	6306
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404917	CENTERPOINT HUM	11	1658	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8599	90	DETAIL NOT COVERED BY COMBINAT	4	2003	5278	3275
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	64	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	25	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	1	74	493	419
		11	4	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWEL L AREA MH D	8599	513	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	129	DUPLICATE OF CLAIM-SYSTEM	2	993	6155	5162
		8622	118	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	1290	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	1198	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	4087	8920	4833
		8599	430	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	3411	2602	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		21	386	DUPLICATE OF CLAIM-SYSTEM	26	3537	5240	1703
		8518	111	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404923	FIVE COUNTY MH	21	301	DUPLICATE OF CLAIM-SYSTEM				
		8536	194	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	856	5814	4958
		11	155	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	410	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	231	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	7	1130	6378	5248
		21	146	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	865	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	27	1237	4470	3233
		21	59	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8518	308	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	367	799	432
		3412	18	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	78	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	20	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	115	708	593
		23	11	SERVICE REQUIRES PRIOR APPROVA L				
3404931	WAKE CO HUM SVC BILLING OF	8599	155	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	15	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	193	449	256
		8534	11	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404933	SOUTHEASTERN CT R FOR MM/DD	8536	349	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		11	124	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	580	2382	1802
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8536	820	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8534	731	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	2556	3594	1038
		8599	358	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	15	702	687
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404937	EDGEcombe NASH MNTL HLTH C	8518	28	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	12	DUPLICATE OF CLAIM-SYSTEM	0	41	1020	979
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8518	29	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	59	763	704
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	8518	2661	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	349	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	3468	6369	2901
		21	111	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	53	394	341
		8518	4	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	50	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		21	22	DUPLICATE OF CLAIM-SYSTEM	7	124	608	484
		79	22	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA N SERVICES	8518	2955	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	430	DUPLICATE OF CLAIM-SYSTEM	6	3512	4823	1311
		10	40	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404946	FOOTHILLS AREAM ENTAL HEALT	5404	338	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MD				
		21	301	DUPLICATE OF CLAIM-SYSTEM	8	1140	7776	6636
		8536	101	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404957	TIDELAND MENTAL HEALTH CTR	8518	43	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	78	829	751
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404979	NEW RIVER AREAM H/DD/SA PRO	11	139	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	29	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	6	1774	1768
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				